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Attorney	Docket	No.
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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

BIRCH, STEWART, KOLASCH & BIRCH, LLP

P.O. Box 747 • Falls Church, Virginia 22040-0747 Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the inventor in entitled:

	mvention entitled:			- women - Learners souther our fit
Insert Title:	A funds transf	er method and system	·	
Fill in Appropriate Information -	was my smooth or many out	which is attached hereto. If not atta the following: In was filed on	ached hereto, the application is identified b	y the attorney docket number as se
For Use Without	United States A	pplication Number		as
Specification	and amended o	n		(if applicable) and/or
Attached:	the specification			as PCT
		pplication Number		; and was
٠.	amended on			(if applicable)
	I hereby state the	hat I have reviewed and understa endment referred to above.	and the contents of the above-identified sp	ecification, including the claims, as
Insert Priority Information: (if appropriate)	Regulations, \$1.56. I do not know a thereof, or patented year prior to this applicated date of this applicated the prior to the application by me or I hereby claim for inventor's cartificated a filing date before the Prior Foreign Appl (Number)	the duty to disclose information and do not believe the same was ever described in any printed publication, that the same was not it ion, that the invention has not be it ion in any country foreign to it in many country foreign to it is invention has been than the invention has been used to the invention on which printed to the application on which printed to the application on which printed invention (S) Ireland (Country)	16/08/2002 (Month/Day/Year Filed)	umerica before my or our inventior a transition thereof or more than one es of America more than one year antor's certificate issued before the lication filed by me or my legal action, and that no application for
	. (Number)	(Country)	(Month/Day/Year Filed)	Yes No
	(Number)	(Country)	(Month/Day/Year Filed)	Yes No
•	(Number)	(Country)	(Month/Day/Year Filed)	Yes No
Francisco et	I hereby claim the ben	efit under Title 35, United States (Code, §119(e) of any United States provision	nal applications(s) listed below.
Insert Provisional Application(s): (if any)	(Application Number)	· .	(Filing Date)	
	(Application Number)	·.	(Filing Date)	
•	All Foreign Applicatio the Filing Date of This	ns, if any, for any Patent or Inver Application:	ntor's Certificate Filed More than 12 Month	s (6 Months for Designs) Prior to
insert Requested information: if appropriate)	Country	Application Nu	mber Date of Filing (Mo	nth/Day/Year)
	I hereby claim the ben- continuation-in-part ar- disclosed in the prior L Code, §112, I acknowl Federal Regulations, § international filing date	efit under Title 35, United States plication(s) listed below and, instituted States and/or PCT applicated the duty to disclose inform 1.56 which became available be of this application.	Code, §120 of any United States and/or F sofar as the subject matter of each of the tion in the manner provided by the first paration which is material to the patentability tween the filing date of the prior application.	CT application(s), including for claims of this application is not agraph of Title 35, United States as defined in Title 37, Code of ation and the national or PCT
esert Prior U.S.	(Application Number)	(Filing Date)		pending, abandoned)
	(Application Number)	(Filing Date)		pending, abandoned)

1817-0155PUS1	
Attorney Docket No. —	

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written hotice to the

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP) Telephone: (703) 205-8000 • Facsimile: (703) 205-8050

PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Pull Name of First or Sole Inventor insert Name of Inventor invent	CIVEN NAME (FAMILY NAME			
Inventor I:- +OC	CIVEN NAME FAMILY NAME	INVENTOR'S SIGNATURE	_	DATE
Document is Signed		a For		13/5/1
Insert Residence	Residence (City, State & Country)		CITIZENSHI	
Insert Citizenship -+	Dublin, Ireland TEX		Irish	•
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.Full Name of Second	GIVEN NAME/FAMILY NAME			
inventor, if any: 2 - 00	Joseph Patrick Corcoran	INVENTOR'S SIGNATURE		DATE*
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Full Name of Third	GIVEN NAME/FAMILY NAME			
Inventor, if any: 3-00	Christopher Michael Murphy	INVENTOR'S SIGNATURE	/	DATE*
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ull Name of Fourth Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		T) 4 7770
Inventor, if any:	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*
Inventor, if any:		INVENTOR'S SIGNATURE		DATE*
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Inventor, if any: see above Ill Name of Fifth inventor, if any:	Residence (City, State & Country)		·	
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Il Name of Sixth inventor, if any: asse above	Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME Residence (City, State & Country) MAILING ADDRESS (Complete Street Address in GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE cluding City, State & Country)	CITIZENSHIP	DATE*
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*DATE OF SIGNATURE